

**Work Order ID 62415**

Page 1

Wednesday, September 29, 2010 2:21:39 PM

Item ID: D3774-3

Accept



Setup Start



Revision ID:

Item Name: Seat Back, LH/RH

Stop



Start Date: 9/29/2010 Start Qty: 5.00



Cust Item ID:

Required Date: 10/7/2010 Req'd Qty: 5.00



Customer:

Reference:

Approvals: Process Plan: MNFDate: 10-9-29

Tooling:

Date:

Run Start



QC: \_\_\_\_\_

Date: \_\_\_\_\_

SPC (Y/N):

Date: \_\_\_\_\_

Stop



| Sequence ID/<br>Work Center ID | Operation<br>Description | Set Up/<br>Run Hours | Tool ID | Tool # | Plan<br>Code | Accept<br>Qty | Reject<br>Qty | Reject<br>Number | Insp.<br>Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

|          |              |
|----------|--------------|
| Draw Nbr | Revision Nbr |
| D3774    | Rev B        |

100

0.00



HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Set up machine program D3774-3 □ Set up clamping frame as per folio

+3  
10/9/05

110

0.00



HAND FINISHING THERMOFORMING

Thermoform

Memo

0.00

Thermoforming Machine

Cut Blanks

XS
BSR  
10/10/05


| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries

**Work Order ID 62415**

Page 2

Wednesday, September 29, 2010 2:21:39 PM

Item ID: D3774-3

Accept



Setup

Start



Revision ID:

Item Name: Seat Back, LH/RH

Stop



Start Date: 9/29/2010 Start Qty: 5.00



Cust Item ID:

Required Date: 10/7/2010 Req'd Qty: 5.00



Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start



QC:

Date:

SPC (Y/N):

Date:

Stop

Sequence ID/  
Work Center IDOperation  
DescriptionSet Up/  
Run Hours

Tool ID

Tool #

Plan  
CodeAccept  
QtyReject  
QtyReject  
NumberInsp.  
Stamp

115



Dry Material

0.00

HandThermo

Memo

0.00

Hand Finishing Thermoforming

Dry Sheet as per QSI022 POLYCARBONATE

Temp: 240°FTime IN: 4:30PM 10/10/05Time OUT: 7:00AM 10/10/05
  
BB  
10/10/05

120



THERMOFORMING MACHINE

0.00

Thermoform

Memo

0.00

Thermoforming Machine

Thermoform as per Dwg. D32811 and Folio FTA 011 Dwg. Rev.

B  Folio Rev. C
  
X5
  
BB 10/10/05

130



QC2- Inspect parts off machine FAI/FAIB

0.00

QD

Memo

0.00

Quality Control

  
X5
  
BB 10/10/05

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
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| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries

**Work Order ID 62415**

Page 3

Wednesday, September 29, 2010 2:21:39 PM

| <b>Item ID:</b>                        | D3774-3   | <b>Accept</b>          |                              | <b>Setup</b>         | <b>Start</b>  |                      |                       |                       |                          |                        |
|--|---|------------------------|------------------------------|----------------------|---------------|----------------------|-----------------------|-----------------------|--------------------------|------------------------|
| <b>Revision ID:</b>                    |   |                        |                              |                      | <b>Stop</b>   |                      |                       |                       |                          |                        |
| <b>Item Name:</b>                      | Seat Back, LH/RH  |                        |                              |                      |               |                      |                       |                       |                          |                        |
| <b>Start Date:</b>                     | 9/29/2010   | <b>Start Qty:</b> 5.00 |                              | <b>Cust Item ID:</b> |               |                      |                       |                       |                          |                        |
| <b>Required Date:</b>                  | 10/7/2010   | <b>Req'd Qty:</b> 5.00 |                              | <b>Customer:</b>     |               |                      |                       |                       |                          |                        |
| <b>Reference:</b>                      |   |                        |                              |                      |               |                      |                       |                       |                          |                        |
| <b>Approvals:</b>                      | <b>Process Plan:</b> _____                                      | <b>Date:</b> _____     | <b>Tooling:</b> _____        | <b>Date:</b> _____   | <b>Run</b>    | <b>Start</b>         |                       |                       |                          |                        |
|  | <b>QC:</b> _____  | <b>Date:</b> _____     | <b>SPC (Y/N):</b> _____      | <b>Date:</b> _____   |               | <b>Stop</b>          |                       |                       |                          |                        |
| <b>Sequence ID/<br/>Work Center ID</b> | <b>Operation<br/>Description</b>                                |                        | <b>Set Up/<br/>Run Hours</b> | <b>Tool ID</b>       | <b>Tool #</b> | <b>Plan<br/>Code</b> | <b>Accept<br/>Qty</b> | <b>Reject<br/>Qty</b> | <b>Reject<br/>Number</b> | <b>Insp.<br/>Stamp</b> |
| 140<br>                                | HAND FINISHING THERMOFORMING<br>Thermoform                      | Memo                   | 0.00                         |                      |               |                      |                       |                       |                          | 10/10/5                |
| Thermoforming Machine                  | Trim to Finished Dimensions                                     |                        |                              |                      |               |                      |                       |                       |                          |                        |
| 150<br>                                | QC2- Inspect parts off machine FAI/FAIB                         | Memo                   | 0.00                         |                      |               |                      |                       |                       |                          | 10/10/5                |
| QC<br>Quality Control                  | 1) Check dimensions to ensure conformity to drawing tolerances. |                        |                              |                      |               |                      |                       |                       |                          |                        |
| 160<br>                                | QC5- Inspect part completeness to step on W/O                   | Memo                   | 0.00                         | S. vol. 1007         |               |                      |                       |                       |                          | 10/10/5                |
| QC<br>Quality Control                  |   |                        | 0.00                         |                      |               |                      |                       |                       |                          |                        |

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries

Work Order ID 62415

*Wednesday, September 29, 2010 2:21:39 PM*



Page 4

**Item ID:** D3774-3

Accepted



Setup Star

Stone



**Revision ID:**

**Item Name:** Seat Back, LH/RH

**Start Date:** 9/29/2010    **Start Qty:** 5.00



**Cust Item ID:**

**Required Date:** 10/7/2010      **Req'd Qty:** 5.00



**Customer:**

## Reference:

## Approvals

## **Process Plan**

Date:

Tooling

Date:

### Run Star

Stop



QC:

Date:

SPC (Y/N)

Date:

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries

# Picklist Print

Page 1

Wednesday, September 29, 2010 2:21:39 PM

Work Order ID: 62415



Parent Item: D3774-3



Parent Item Name: Seat Back, LH/RH

Start Date: 9/29/2010

Required Date: 10/7/2010

Start Qty: 5.00

Required Qty: 5.00

Comments: IPP REV:A New Issue 08.06.04 DL verified by:DD

IPP REV. B Dwg. Update 08.08.19 DL

Ipp Rev. C

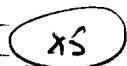
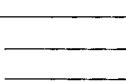
Add Step 115 Dry Material 10/04/21 DL

| Component Item ID/<br>Item Name | Replacement<br>Item ID | Mfg/<br>Purch | Bin<br>Item | Primary<br>Location | Last<br>Location | Route<br>Seq ID | Unit of<br>Measure | Qty on<br>Hand | Qty per Kit | Total<br>Qty | Qty<br>Issued | Date<br>Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| MLEXS.I25-F60029-04             |                        | Purchased     | No          |                     |                  | 100             | sf                 | 2,185.803      | 10.667      | 53.335       |               |                |        |

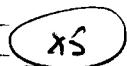
GE PLASTICS LEXAN SHEET



| <u>Location</u> | <u>Loc Qty</u> | <u>Loc Code</u> |
|-----------------|----------------|-----------------|
| MAT             | 2185.8038      |                 |
| 114032          | 184.9238       |                 |
| 115261          | 2000.88        |                 |



Bold/looy



X5

| W/O: |      | WORK ORDER CHANGES |    |      |     |                                     |                          |
|------|------|--------------------|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |    |      |     |                                     |                          |
|      |      |                    |    |      |     |                                     |                          |

Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries

|                              |              |             |
|------------------------------|--------------|-------------|
| DART AEROSPACE LTD           | Work Order:  | 62415       |
| Description: Seat Back       | Part Number: | D3774-3     |
| Inspection Dwg: D3774 Rev: B |              | Page 1 of 1 |

### FIRST ARTICLE INSPECTION CHECKLIST

First Article     Prototype

#### THERMOFORMING SECTION

| Description   | Accept | Reject | Method of Inspection | Comments |
|---|--------|--------|----------------------|----------|
| Shape Definition  | ✓      |        |                      |          |
| Texture Retention   | —      |        |                      |          |
| Material imperfections such as bumps, cracks, voids, scratching | ✓      |        |                      |          |
|   |        |        |                      |          |
|   |        |        |                      |          |
|   |        |        |                      |          |
|   |        |        |                      |          |
|   |        |        |                      |          |

Measured by:

*Wf.*

Date:

*10/10/05*

#### TRIMMING SECTION

| Drawing Dimension | Tolerance | Actual Dimension | Accept | Reject | Method of Inspection | Comments |
|-------------------|-----------|------------------|--------|--------|----------------------|----------|
| 1.3               | +/-0.100  | 1.315            | ✓      |        |                      |          |
| 33.9              | +/-0.100  | 33.875           | ✓      |        |                      |          |
| 0.085             | Min       | 0.088            | ✓      |        |                      |          |
| 0.100             | Min       | .100             | —      |        |                      |          |
| 0.100             | Min       | .103             | —      |        |                      |          |
| 0.100             | Min       | .115             | —      |        |                      |          |
| 0.100             | Min       | .118             | ✓      |        |                      |          |
| 0.100             | Min       | .116             | —      |        |                      |          |
| 0.100             | Min       | .105             | ✓      |        |                      |          |
| 0.100             | Min       | .102             | ✓      |        |                      |          |
| 0.100             | Min       | .107             | ✓      |        |                      |          |

Measured by:

*Wf.*

Date:

*10/10/05*

Audited by:

*BS*

Date:

*10/10/05*

Prototype Approval:

N/A

Date:

N/A

| Rev | Date     | Change                 | Revised by | Approved            |
|-----|----------|------------------------|------------|---------------------|
| A   | 08.09.04 | New Issue              | KJ/DL      |                     |
| B   | 09.05.19 | Dimension 17.4 removed | KJ         | <i>JF</i> <i>MA</i> |

8

7

6

5

4

3

2

1

D

D

C

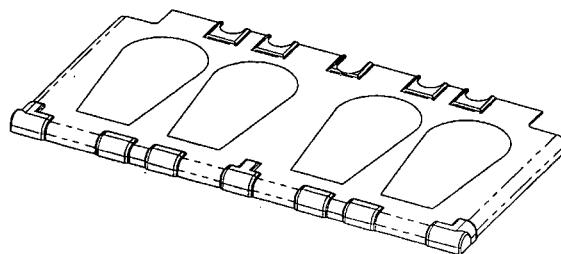
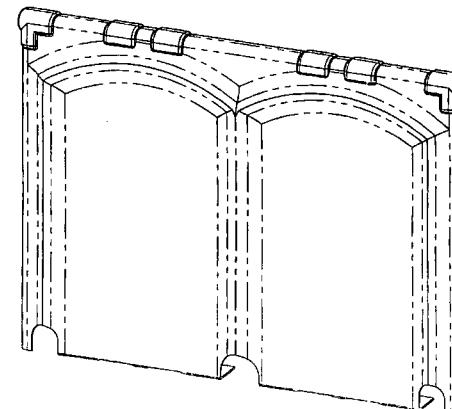
C

B

B

A

A

D3774-1 SEAT BOTTOMD3774-3 SEAT BACK

**RELEASED**  
~~08-08-11/11~~

|            |  |   |              |
|------------|--|---|--------------|
| B          | UPDATE CUTOUT DIMENSIONS (ZN D4-2, D6-2, C4-3, C7-3); UPDATE MINIMUM THICKNESS (ZN A5-2, A5-3); ADD HOLES ON D3774-3 (ZN B6-3)<br>REASON: MANUFACTURING CAPABILITIES | PH  | 08.07.25     |
| A          | NEW ISSUE  | HS  | 08.06.23     |
| REV.       | DESCRIPTION  | BY  | DATE         |
| DESIGN     | HS   | <b>DART AEROSPACE LTD</b>   |              |
| DRAWN      | <i>[Signature]</i>   | HAWKESBURY, ONTARIO, CANADA   |              |
| CHECKED    | <i>[Signature]</i>   | DRAWING NO.   | REV. B       |
| MFG. APPR. | <i>[Signature]</i>   | D3774   | SHEET 1 OF 3 |
| APPROVED   | <i>[Signature]</i>   | TITLE   | SCALE        |
| DE APPR.   | <i>[Signature]</i>   | SEAT  | NTS          |
| DATE       | 08.07.25   | COPYRIGHT © 2008 BY DART AEROSPACE LTD<br>THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD |              |

8

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1

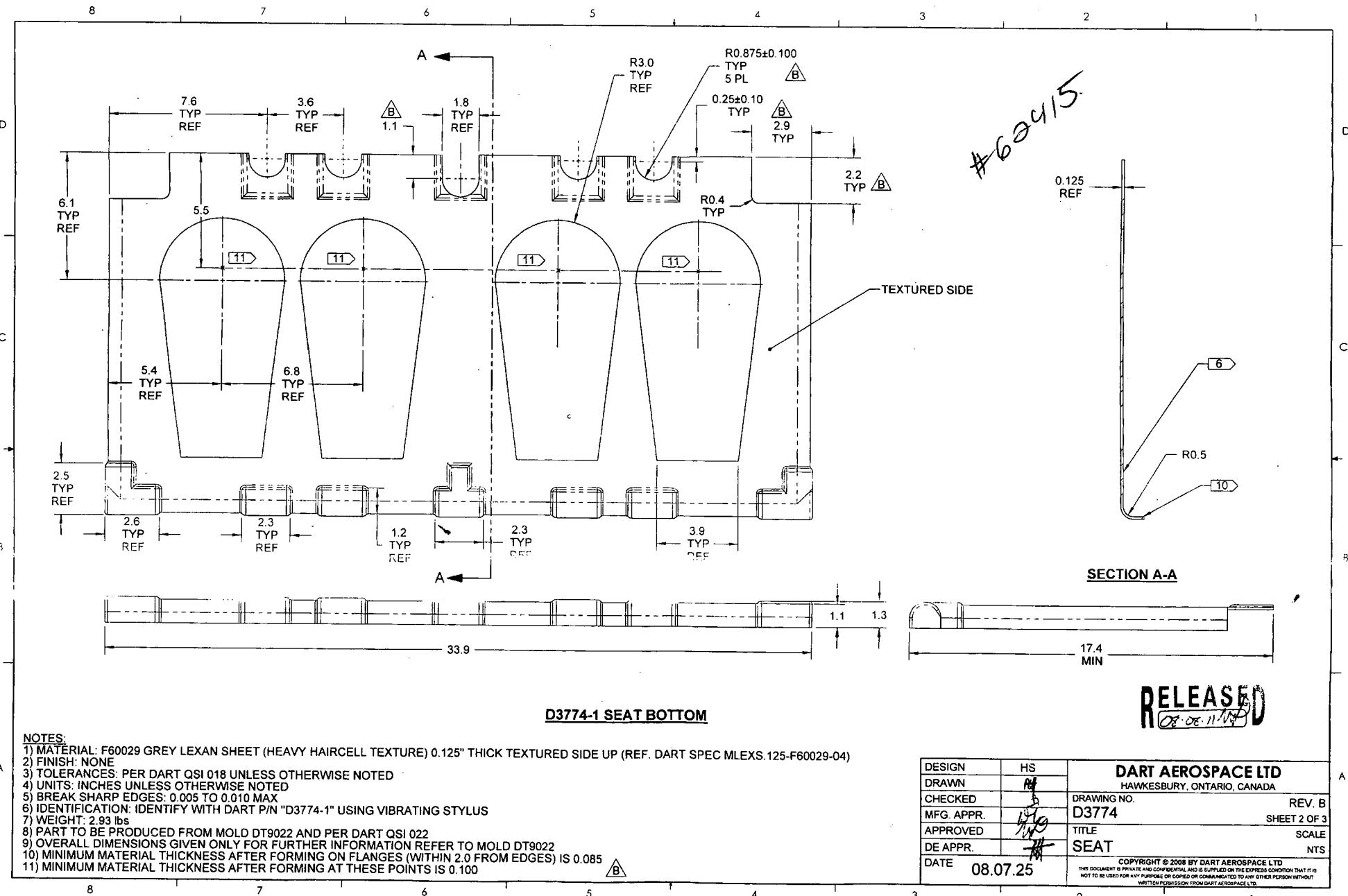
| W/O: |      | WORK ORDER CHANGES |  |  |    |      |     |                                     |                          |
|------|------|--------------------|--|--|----|------|-----|-------------------------------------|--------------------------|
| DATE | STEP | PROCEDURE CHANGE   |  |  | By | Date | Qty | Approval<br>Chief Eng /<br>Prod Mgr | Approval<br>QC Inspector |
|      |      |                    |  |  |    |      |     |                                     |                          |
|      |      |                    |  |  |    |      |     |                                     |                          |

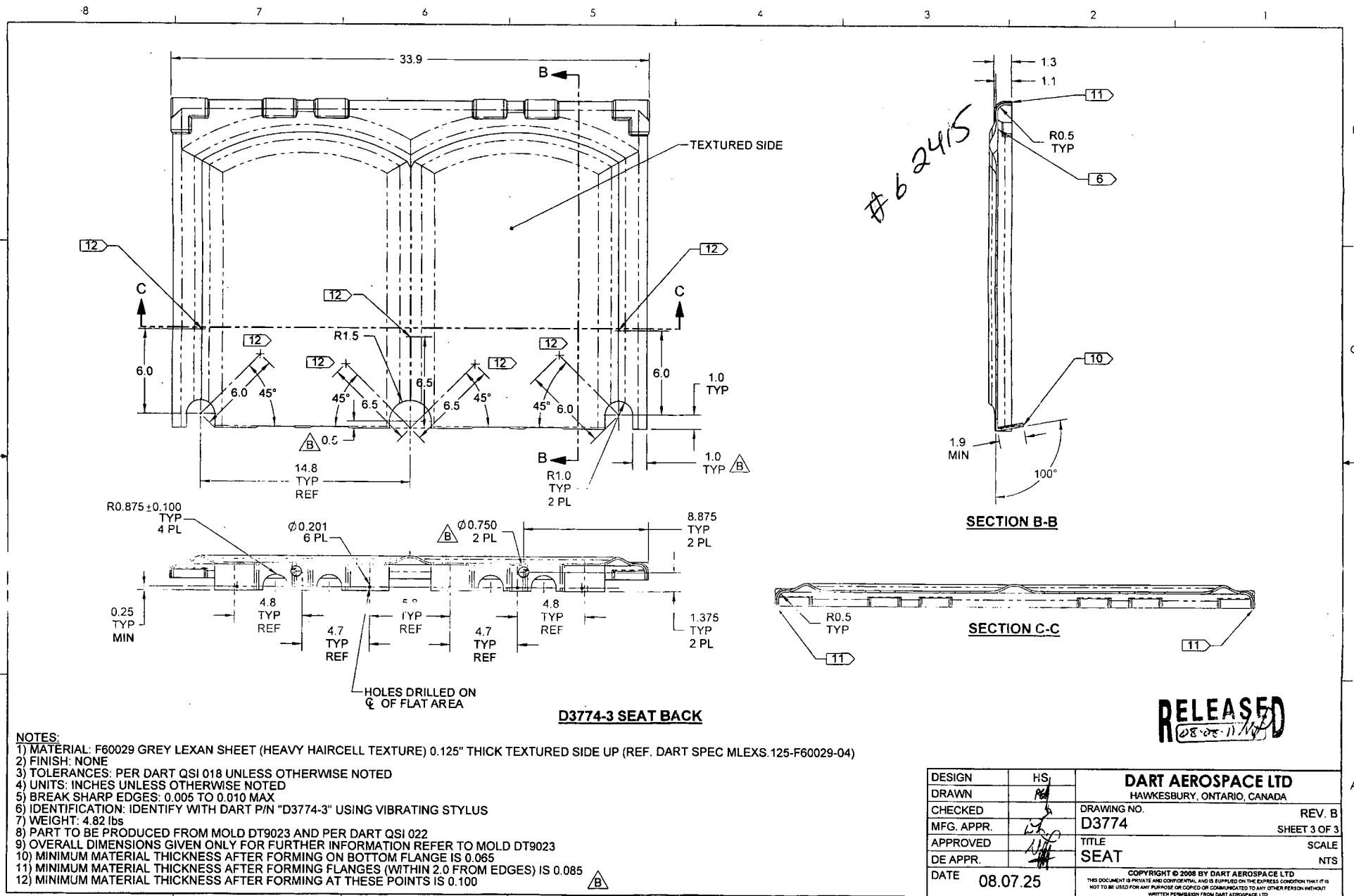
Part No: \_\_\_\_\_ PAR #: \_\_\_\_\_ Fault Category: \_\_\_\_\_ NCR: Yes No DQA: \_\_\_\_\_ Date: \_\_\_\_\_

Resolution: \_\_\_\_\_ Disposition: \_\_\_\_\_ QA: N/C Closed: \_\_\_\_\_ Date: \_\_\_\_\_

| NCR: |      | WORK ORDER NON-CONFORMANCE (NCR) |                             |                                 |                |                           |                       |                          |
|------|------|----------------------------------|-----------------------------|---------------------------------|----------------|---------------------------|-----------------------|--------------------------|
| DATE | STEP | Description of NC<br>Section A   | Corrective Action Section B |                                 |                | Verification<br>Section C | Approval<br>Chief Eng | Approval<br>QC Inspector |
|      |      |                                  | Initial<br>Chief Eng        | Action Description<br>Chief Eng | Sign &<br>Date |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |
|      |      |                                  |                             |                                 |                |                           |                       |                          |

NOTE: Date & initial all entries





|            |          |                             |               |
|------------|----------|-----------------------------|---------------|
| DESIGN     | HS       | DART AEROSPACE LTD          |               |
| DRAWN      | RE       | HAWKESBURY, ONTARIO, CANADA |               |
| CHECKED    | RE       | DRAWING NO.                 |               |
| MFG. APPR. | RE       | REV. B                      | D3774         |
| APPROVED   | RE       | SHEET 3 OF 3                | TITLE<br>SEAT |
| DATE       | 08.07.25 | SCALE                       | NTS           |

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